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August 25, 2004

To: Transition Assistance Services (TAS) Agencies

Subject: Long Term Care (LTC)  
Information Letter No. 04-33  
Implementation of Transition Assistance Services

Effective September 1, 2004, the Texas Department of Aging and Disability Services (DADS) is implementing Transition Assistance Services (TAS) in the following 1915c Medicaid waiver programs:

Community Based Alternatives (CBA);  
Community Living Assistance and Support Services (CLASS);  
Consolidated Waiver Program (CWP);  
Deaf Blind with Multiple Disabilities (DB-MD); and  
Medically Dependent Children Program (MDCP).

All nursing facility residents who are being discharged into the community under a Medicaid waiver program will be offered TAS to establish a household. A nursing facility resident certified for waiver services may receive a one-time TAS authorization of up to \$2500, if the waiver case manager determines that no other resources are available to pay for the basic services/items needed by the client. Examples of TAS are security/utility deposits, moving expenses, and essential furnishings necessary to establish a basic living arrangement.

All authorized TAS will be delivered by a DADS contracted TAS agency. A TAS agency must meet the contracting requirements described in §62.11 Contracting Requirements. Relocation services contracts are considered a community-care service; therefore an entity that currently contracts with DADS to provide relocation services may contract to provide TAS. A TAS agency may subcontract this service with approval from DADS contract management staff. Once a TAS agency is awarded a contract, the TAS agency will be included on a regional TAS agency choice list. The waiver case manager will obtain the applicant's choice of TAS agency during the waiver application process.

The TAS agency must deliver DADS authorized TAS services to Medicaid waiver clients according to the TAS rules and the procedures provided in this letter. Attached are the authorization and assessment forms that will be used in the TAS program, as well as Chapter §62, Contracting to Provide Transition Assistance Services.

#### **TAS AUTHORIZATION/REFERRAL PROCESS**

The TAS provider agency must accept all TAS clients referred by a waiver case manager. Below is a summary of the authorization and referral process.

- The waiver case manager will meet with the nursing facility resident and/or the resident's representative to discuss the waiver services array, living arrangement options and obtain their choice of provider agencies. The waiver case manager will work with the resident and/or the resident's representative to identify the essential TAS needed under the categories of Deposits, Household Needs, and Site Preparation as found in the assessment form. The case manager will determine if other resources are available to purchase the needed services, and documents the identified services/items on the TAS assessment form.
- The case manager will finalize and authorize waiver services once the applicant meets all the eligibility criteria. The case manager will contact the applicant to confirm the nursing facility discharge date and his address in the community. The case manager will also notify the client that he is eligible for waiver services, including TAS, and send a waiver eligibility notice to the client.
- The case manager will send the TAS authorization form and the TAS assessment form to the selected TAS agency. The authorization form will include the client's identifying information (name, address, etc.), the total dollar amount authorized for TAS, and the TAS completion date. The assessment form will include the authorized services/items and the corresponding maximum dollar amount authorized.
- The case manager will notify the TAS agency when a client will not be relocating into the community as planned. The case manager will also request that the TAS agency not purchase any TAS that has not already been obtained. The TAS agency can submit a claim for the TAS services that were already purchased and delivered.

### **TAS Service Delivery**

The TAS agency must deliver the authorized TAS service at least two days before the client's nursing facility discharge date. The TAS completion date will be included in the TAS authorization form. Below is a summary of the TAS agency procedures for delivering TAS.

- The TAS agency must date stamp the TAS authorization and assessment forms upon receipt.
- The TAS agency must carefully review the forms and contact the case manager if there is any question regarding what TAS they have been authorized to purchase. The TAS provider is authorized to purchase only the specific items or services found on the form, within the dollar amount authorized for each item or service. The contact must occur by the next workday of receipt of the forms, and **before** any TAS purchase is made. The case manager will contact the client, if necessary, to discuss the item in question. The case manager will provide a revised TAS authorization form within two workdays, if he clarifies an item that is authorized or approves a change to the authorization.
- The TAS agency purchases the authorized items/services and arranges and pays for the delivery of the purchased items, if applicable. The TAS agency must only purchase services or items within the maximum dollar amount authorized by the case manager.

- The TAS agency may contact the client or client representative, if necessary, to coordinate service delivery.
- The TAS agency must deliver or arrange delivery of the authorized services by the completion date recorded on the TAS authorization form. The TAS agency must provide a copy of the purchase receipts and any original product warranty information to the client. The TAS agency must maintain the original purchase receipt, which identifies the item purchased, purchase date, sales tax and delivery or installation charge, if any.
- The TAS agency must orally notify the case manager of a delivery delay before the completion due date. The TAS agency must document the delay as described in §62.33(d). The documentation must also include the name of case manager and the date of the oral notice.
- The TAS agency must contact the client or client representative by the completion date to confirm the authorized TAS were delivered. The contact must be included in the service delivery documentation.
- The TAS agency must document the service delivery on the date the services are delivered. The service delivery documentation must include all the required elements described in §62.41(c). In addition, the TAS agency must document the contact made with the client to confirm the TAS were delivered. The TAS agency may document all services delivered on one document, if all services were provided on the same date.

### **SERVICE DELIVERY CONFIRMATION BY CASE MANAGER**

The case manager will contact the TAS client within three workdays of the nursing facility discharge date to assure that the client received all the items and services authorized through TAS. The case manager will contact the TAS agency by telephone to follow-up why the TAS authorization was not completed according to the completion date.

### **REIMBURSEMENT/BILLING PROCESS**

DADS will reimburse the TAS agency for a one-time TAS fee and the invoice amount for delivered TAS. The Health and Human Services Commission, Rate Analysis Department, is currently reviewing the proposed TAS fee. The adopted TAS fee will be posted at <http://www.hhsc.state.tx.us/medicaid/programs/rad/index.html> on or after September 3, 2004.

The TAS agency must submit a claim for reimbursement to DADS after the TAS agency has contacted the client to confirm that the authorized TAS were delivered. A separate claim may be submitted for each authorized and provided item or service; however, the TAS agency is only entitled to one TAS fee per client.

The following service codes and procedures (bill) codes have been established for TAS:

Description:	Service Code:	Procedure Code Qualifier:	Procedure Code:	Rate:
CBA TAS	53	HC	T2038	\$1.00
CLASS TAS	53	HC	T2038	\$1.00
CWP TAS	53	HC	T2038	\$1.00
DB-MD TAS	53	HC	T2038	\$1.00
MDCP TAS	53	HC	T2038	\$1.00

The TAS agency must enter the total dollar amount of the TAS purchases in the “number of units” and \$1.00 in the “unit rate” field.

Description:	Service Code:	Procedure Code Qualifier:	Procedure Code:	Rate:
CBA TAS Fee	53A	ZZ	G0239	To be announced
CLASS TAS Fee	53A	ZZ	G0239	To be announced
CWP TAS Fee	53A	ZZ	G0239	To be announced
DB-MD TAS Fee	53A	ZZ	G0239	To be announced
MDCP TAS Fee	53A	ZZ	G0239	To be announced

The TAS agency must enter a “1” in the “number of units” field and the adopted TAS fee in the “unit rate” field.

Please contact your DADS contract manager or waiver program specialist if you have any further questions regarding this information. Contract managers should contact Gerardo Cantú at (512) 438-3693 if they have any questions.

Sincerely,

*Signature on file*

Bettye M. Mitchell  
Deputy Commissioner  
Long Term Care

BMM:ck

Attachments

## ***§62 Contracting to Provide Transition Assistance Services***

### **§62.1.Purpose.**

This chapter establishes the requirements for agencies contracting to provide transition assistance services to eligible clients through the following Texas Department of Human Services waiver programs:

- (1) Community Based Alternatives;
- (2) Community Living Assistance and Support Services;
- (3) Medically Dependent Children;
- (4) Deaf Blind with Multiple Disabilities; and
- (5) Consolidated Waiver.

### **§62.3.Definitions.**

The following words and terms have the following meanings when used in this chapter, unless the context clearly indicates otherwise:

(1) Case manager--A Texas Department of Human Services (DHS) employee or case management agency employee who is responsible for case management activities. Activities include eligibility determination, client registration, assessment and reassessment of a client's need, service plan development, and intercession on a client's behalf.

(2) Client--An individual who is eligible to receive DHS Medicaid waiver services. References in this chapter to "client" include the client's representative, unless the context indicates otherwise.

(3) Community Based Alternatives (CBA)--A Medicaid program that provides services to eligible adults who are aged and/or disabled as an alternative to institutional care in a nursing facility. CBA services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. §1396n(c)).

(4) Community Living Assistance and Support Services (CLASS)--A Medicaid program that provides home and community-based services to eligible people with related conditions (developmental disabilities other than mental retardation), as a cost-effective alternative to placement in an Intermediate Care Facility for Persons with Mental Retardation or Related Conditions (ICF-MR/RC). CLASS services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. §1396n(c)).

(5) Consolidated Waiver Program (CWP)--A Medicaid program that provides home and community-based services to people who are eligible for care in a nursing facility or ICF-MR/RC as an alternative to institutional placement. CWP services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. 1396n(c)).

(6) Contract--The formal, written agreement between DHS and a provider agency to provide services to DHS clients eligible under this chapter in exchange for reimbursement.

(7) Contract manager--A DHS employee who is responsible for the overall management of the contract with the provider agency.

(8) DHS--The Texas Department of Human Services.

(9) Days--Any reference to days means calendar days, unless otherwise specified in the text. Calendar days include weekends and holidays.

(10) Deaf Blind with Multiple Disabilities (DBMD)--A Medicaid program that provides home and community-based support services to persons age 18 or older who are deaf-blind and have at least one other disability, and who are eligible for institutional care, as a cost-effective alternative to institutional care. DBMD services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. 1396n(c)).

(11) Medically Dependent Children Program (MDCP)--A Medicaid program that provides home and community-based support services to persons under 21 years of age who are medically dependent and eligible for institutional care, as a cost-effective alternative to institutional care. MDCP services are provided in accordance with the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. 1396n(c)).

(12) Nursing facility--A facility licensed under the Health and Safety Code, Chapter 242, that provides organized and structured nursing care and services.

(13) Provider agency--An agency that contracts with DHS to provide transition assistance services to clients in exchange for reimbursement.

(14) Waiver program--A DHS Medicaid program operated under the waiver provisions of §1915(c) of the Social Security Act (42 U.S.C. §1396n(c)), including: CBA, CLASS, MDCP, DBMD, and CWP.

(15) Working days--Days DHS is open for business.

**§62.5.Service Description.**

(a) Transition assistance services (TAS) assist Medicaid recipients who are nursing facility residents discharged from the facility to set up a household. TAS are only available to nursing facility residents who are discharged from the facility into a waiver program. TAS are not available to residents moving from a nursing facility who are approved for any of the following waiver services:

- (1) assisted living services;
- (2) adult foster care services;
- (3) support family services;
- (4) 24-hour residential habilitation; or
- (5) family surrogate services.

(b) TAS include, but are not limited to:

- (1) payment of security deposits required to lease an apartment or home, or to establish utility services for the home;
- (2) purchase of essential furnishings for the apartment or home, including table, chairs, window blinds, eating utensils, and food preparation items;
- (3) payment of moving expenses required to move into or occupy the home or apartment; and
- (4) payment for services to ensure the health and safety of the client in the apartment or home, such as pest eradication, allergen control, or a one-time cleaning before occupancy.

(c) A nursing facility resident who is discharged from the facility into a waiver program is eligible to receive up to \$2,500 in TAS.

(d) TAS are available on a one-time basis only.



**§62.11.Contracting Requirements.**

(a) General contracting requirements. The provider agency must meet all provisions described in this chapter and Chapter 49 of this title (relating to Contracting for Community Care Services).

(b) Provider agency requirements. The provider agency must:

(1) be a Center for Independent Living as defined by the Rehabilitation Act of 1973, as amended; or

(2) have a current Community Care contract; or

(3) be currently designated as a Texas Area Agency on Aging.

**§62.21.Staff Requirements.**

The provider agency employees who deliver services under this chapter must:

(1) be 18 years old;

(2) have a high school diploma or its equivalent;

(3) not be the client's spouse, the parent of a minor child, have legal conservatorship of the client, or live in the client's household; and

(4) be capable of providing the required services.

**§62.31.Referrals.**

The provider agency must accept all clients of any waiver program whom the Texas Department of Human Services refers to the provider agency for services under this chapter.

**§62.33.Service Delivery.**

(a) The provider agency must:

(1) deliver to the client the specific transition assistance service that the case manager authorized in writing;

(2) purchase services for the client within the dollar amount that the case manager authorizes; and

(3) submit a claim for reimbursement to the Texas Department of Human Services only after the purchased services have been delivered to the client.

(b) The provider agency must complete the delivery of services to the client at least two days before the client's nursing facility discharge date.

(c) The provider agency may fail to deliver authorized services to the client by the applicable due date described in subsection (b) of this section only if the reason for the delay is beyond the control of the provider agency, and only if the provider agency makes an ongoing effort to deliver the services. The provider agency must document any failure to deliver the authorized services by the applicable due date, including:

(1) a description of the pending services;

(2) the reason for the delay;

(3) either the date the provider agency anticipates it will deliver the pending services or specific reasons why the provider agency cannot anticipate a delivery date; and

(4) a description of the provider agency's ongoing efforts to deliver the services.

(d) The provider agency must orally notify the case manager of any failure to deliver any of the authorized services before the applicable due date described in subsection (b) of this section. Oral notice means directly speaking with the case manager and does not include a message left by voice mail.

**§62.41.Record Keeping.**

(a) The provider agency must maintain the documentation described in Chapter 49 of this title (relating to Contracting for Community Care Services).

(b) The provider agency must retain records for the time periods described in §69.205 of this title (relating to Contractor's Records).

(c) The provider agency must maintain service delivery documentation that contains the:

(1) name of the client;

(2) client Medicaid number;

(3) month of service delivery;

(4) provider agency name and vendor number;

(5) service description;

(6) date services were purchased;

(7) date services were delivered;

(8) total dollar amount of the purchase, including taxes and delivery fees; and

(9) dated signature of the employee(s) who provided services.

(d) The provider agency must maintain service delivery documentation and purchase receipts in the client file.

**§62.43.Reimbursement.**

- (a) The provider agency must bill for services provided as described in Chapter 49 of this title (relating to Contracting for Community Care Services).
- (b) The provider agency must document service delivery as described in §62.41 of this chapter (relating to Record Keeping).
- (c) The Texas Department of Human Services will pay for eligible services provided and billed in compliance with this chapter.

### Community Based Alternatives TRANSITION ASSISTANCE SERVICES

1. Applicant/Client Name	2. Medicaid No.	3. Assessment Date
4. Current Nursing Facility Address		5. Telephone No.
6. Planned Community Address		7. Proposed Date of Discharge

#### Assessment for Transition Assistance Services

Transition assistance services (TAS) assist Medicaid recipients who are nursing facility residents discharged from the facility to set up a household. TAS are only available to nursing facility residents who are discharged from the facility into a waiver program. The maximum TAS is a one-time benefit of \$2,500.00 for essential services to relocate to the community.

Does the Applicant have arrangements for a home or apartment upon discharge from the nursing facility? \_\_\_\_\_ If yes, does the applicant need any of the following services?

#### Deposits

Type of Deposit	Describe:	Maximum Authorized Amount
Security Deposit		
Electricity		
Gas		
Water		
Telephone		
Other		
Total Amount for Deposits		

#### Household Needs

Items	Describe:	Maximum Authorized Amount
Furniture/Appliances		
Housewares		
Small Appliances		
Cleaning Supplies		
Other		
Total Amount for Household Needs		

**Site Preparation**

<b>Service</b>	<b>Describe Need:</b>	<b>Maximum Authorized Amount</b>
Moving Expense		
Pest Eradication		
Allergen Control		
One-time Cleaning		
Other		
	<b>Total Amount for Site Preparation</b>	

**Totals**

<b>Total Amount for Deposits</b>	\$
<b>Total Amount for Household Needs</b>	\$
<b>Total Amount for Site Preparation</b>	\$
<b>Grand Total</b>	\$

**Client Statement and Signature**

I certify that I have decided to relocate to the community and the items and services listed above are necessary for me to establish a residence in the community. I agree to let the TAS agency I have selected make these purchases for me.

\_\_\_\_\_  
Client/Client Representative Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Case Manager Signature\_\_\_\_\_  
Date

**Community Based Alternatives  
Transition Assistance Services  
Provider Authorization**

Applicant/Client Name	Medicaid No.
Current Nursing Facility Address	Tel. No.
Planned Community Address	Tel. No.

**Provider Authorization**

The provider authorized has been selected by the client to purchase the items and services listed on Form 3671-G. The provider is authorized to make these purchases and bill for the purchases and services as described in the rules and procedures for TAS within the CBA program.

Provider Name	Provider No.	Date of Authorization
Completion Date	Total Amount Authorized	

\_\_\_\_\_  
Signature – Case Manager\_\_\_\_\_  
Date

Case Manager	Telephone No.
Mailing Address	

**Community Based Alternatives (CBA)  
TRANSITION ASSISTANCE SERVICES (TAS)**

**PURPOSE**

This form is used to:

- Record the applicant's basic essential needs for TAS
- Provide estimated amounts for items and services
- Authorize the TAS provider to purchase items and services

**PROCEDURE**

**When to Prepare**

The CBA case manager completes this form at the time of the initial face-to-face contact with an applicant or the applicant's authorized representative in a nursing facility who is applying for CBA services to transition from the nursing facility to the community.

**Number of Copies**

Complete the original form and one copy for the TAS provider agency.

**Transmittal**

The original form is filed in the applicant's case folder. A copy is sent to the TAS provider agency.

**Form Retention**

The case manager and the CBA TAS provider will keep Form 3671-G in the case record according to the retention requirements found in the *Case Manager Community Based Alternatives (CM CBA) Handbook* and the *Community Based Alternatives (CBA) Provider Manual*.

**Supply Source**

This form may be found on the DADS website.

**DETAILED INSTRUCTIONS**

1. ***Applicant Name*** – Enter the name of the applicant.
2. ***Medicaid No.*** – Enter the nine-digit Medicaid number.



3. **Assessment Date** – Enter the date the form is completed during the face-to-face interview.
4. **Current Nursing Facility** – Enter the name and address of the nursing facility where the applicant is currently living.
5. **Telephone Number** – Enter the telephone number where the applicant can currently be reached. If the applicant has no telephone in his room, enter the telephone number of the facility.
6. **Planned Community Address** – Enter the address where the applicant plans to move in the community.
7. **Telephone Number** – Enter the telephone number at the community address if there is telephone service available there.
8. **Proposed Date of Discharge** — Enter the date the applicant plans to move from the nursing facility to the community.

#### **Assessment for Transition Assistance Services**

In this section, the case manager will carefully review the applicant's existing plans for moving to the community and assess if the applicant needs assistance with any of the items or services covered under the TAS. Questions must be asked in enough detail that specific information can be recorded if the applicant is in need of the item or service.

Use the following chart as a guideline for estimating the amounts to be authorized. If the applicant knows the exact amount, then use the amount. The estimated amounts itemized in the charts will total \$2500.00, if all items and services are needed. The total amount must not exceed \$2,500.00.

**Deposits** – Deposits include security deposits for rental, and utility deposits. In the "Describe" section, list the name and address of the rental facility, utility company, or the telephone company.

Security Deposit	\$200.00
Electricity Deposit	\$100.00
Gas Deposit	\$100.00
Water Deposit	\$100.00
Telephone Deposit	\$100.00
Other	\$100.00

**Total Amounts for Deposits** – Enter the total amount for all entries in this category.

**Furnishing Needs** – Furnishing needs include all basic items to furnish a home.

**Furniture** – is divided into three large groups. Large appliances are also included in this category, if they are needed in the home. The case manager must be as specific as possible when describing what items are needed. The description should include size, color, specific types, or any other identifying information, as specified by the client that will assist the TAS agency in meeting the client's needs.

<b>Furniture</b>	
Bedroom Furniture	\$300.00
Living Room Furniture	\$300.00
Kitchen Furniture	\$300.00
Large Appliances (Stove, Refrigerator, Washer, Dryer)	\$300.00 Each
<b>Housewares</b>	\$170.00 for all items
Pots and pans, silverware, dishes, linens, towels, other	
<b>Small Appliances</b>	\$100.00 for all items
Microwave oven, toaster, coffeemaker, electric can opener, other	
<b>Cleaning Supplies</b>	\$30.00 for all items

**Total Amount for Household Needs** — Enter the total amount of all entries in this category.

**Site Preparation** — This includes moving expenses and delivery expenses. If the client is in need of furniture or large appliances, then a delivery expense may be necessary.

Moving and Delivery Expenses	\$500.00
Pest Eradication	\$100.00
Allergen Control	\$100.00
One-Time Cleaning	\$100.00

**Total Amount for Site Preparation** – Enter the total for all entries in this category.

**Totals** – Enter the totals from each category and add together to arrive at the grand total. This is the amount that will be authorized to the TAS agency.

**Client Statement and Signature** — The client or the client's authorized representative must sign and date the form.

**Case Manager Signature** — The case manager signs and dates the form.

### **Provider Authorization Section – Page 3**

Complete the provider authorization to send to the selected TAS provider.

#### **Client Demographics**

Enter the client identifying information from Page 1.

#### **Provider Authorization**

**Provider Name** — Enter the contracted name of the provider.

**Provider Number** — Enter the provider number of the provider.

**Date of Authorization** — Enter the date the form is completed and mailed to the TAS provider.

**Completion Date** — Enter the date two days prior to the client's planned discharge date from the nursing facility to the community. This is the date by which the TAS agency should have all items and services listed on Page 1 and 2 delivered or completed.

**Total Amount Authorized** — Enter the "Grand Total" amount from Page 2.

**Signature and Date** – The case manager must sign and date Form 3671-G as the authorization to the TAS agency to provide services. The signature date should match the date the case manager completes and mails the Form 3671-G to the TAS agency.

**Case Manager Demographics** – Enter the case manager name, telephone number, and mailing address.

## **Example of a CBA TAS Case**

**9/6/04** Mr. Smith, a current Medicaid nursing facility resident, contacts the DHS intake staff to request services in the community.

**9/15/04** The CBA case manager meets with the applicant and applicant's sister to discuss the CBA service array, living arrangement options and obtains the clients choice of provider agencies. During the interview, Mr. Smith indicates that he plans to live in a house owned by his sister Mary. Mary informs the case manager that she married and moved from her house last month and the home has all utility services in place. She also indicates the house already has living room/bedroom furniture, a clothes dryer, a fully equipped kitchen with exception of pots/pans, window blinds, a closet full of linens, etc. Mr. Smith indicates that he needs a dinette, microwave oven, pots/pans, and washing machine. The case manager documents the identified services/items on the TAS assessment form.

**9/16/04** The case manager authorizes a CBA Home and Community Support Services (HCSS) agency to perform a pre-enrollment assessment to identify the applicant's total needs for CBA services and to develop an individual service plan (ISP).

**10/12/04** The case manager determines Mr. Smith meets all the eligibility criteria for the CBA program and that no other resources are available to pay for the client's basic furnishings. The case manager finalizes the ISP plan with the client to establish an ISP effective date, confirms the nursing facility discharge date and the address he is moving to.

The case manager will send the TAS authorization form and the assessment form to TAS agency selected by the client. The services/items authorized to be purchased, with corresponding maximum costs per service/item, will be a small oak dinette \$200, a small microwave oven \$100, pots/pans \$50, and washing machine \$400. The authorization will also include Mr. Smith's nursing facility discharge date of 10/20/04, his address, and that he needs the services/items delivered on 10/20/04.

**10/14/04** TAS agency employee contacts the case manager to find out if the client requested a specific type of pots/pans.

**10/14/04** The case manager contacts the client to find out what specific pots or pans are needed. The client informs the case manager that he needs stainless steel and prefers two medium pans and a small, medium, and large pot. The case manager documents the client's preferences on the assessment form and sends the revised form to the TAS agency.

**10/16/04** The TAS agency employee goes to the local retail store to purchase the authorized items and arranges for delivery and installation of the purchased items on 10/20/04. The TAS agency must ensure the sales receipt includes the purchase date, the item purchased, the total costs (including sales tax, delivery charge and installation charge, if any).

**10/20/04** The TAS agency contacts the client or client representative to confirm the authorized services were delivered. The TAS agency documents the service delivery documentation and submits a claim for reimbursement after the services are delivered.

**Community Living Assistance and Support Services  
TRANSITION ASSISTANCE SERVICES**

1. Applicant/Client Name	2. Medicaid No.	3. Assessment Date
4. Current Nursing Facility Address		5. Telephone No.
6. Planned Community Address		7. Proposed Date of Discharge

**Assessment for Transition Assistance Services**

Transition assistance services (TAS) assist Medicaid recipients who are nursing facility residents discharged from the facility to set up a household. TAS are only available to nursing facility residents who are discharged from the facility into a waiver program. The maximum TAS is a one-time benefit of \$2,500.00 for essential services to relocate to the community.

Does the Applicant have arrangements for a home or apartment upon discharge from the nursing facility? \_\_\_\_\_ If yes, does the applicant need any of the following services?

**Deposits**

Type of Deposit	Describe:	Authorized Amount
Security Deposit		
Electricity		
Gas		
Water		
Telephone		
Other		
	<b>Total Amount for Deposits</b>	

**Household Needs**

Items	Describe:	Authorized Amount
Furniture/Appliances		
Housewares		
Small Appliances		
Cleaning Supplies		
Other		
	<b>Total Amount for Household Needs</b>	

**Site Preparation**

Service	Describe Need:	Authorized Amount
Moving Expense		
Pest Eradication		
Allergen Control		
One-time Cleaning		
Other		
	<b>Total Amount for Site Preparation</b>	

**Totals**

<b>Total Amount for Deposits</b>	\$
<b>Total Amount for Household Needs</b>	\$
<b>Total Amount for Site Preparation</b>	\$
<b>Grand Total</b>	\$

**Client Statement and Signature**

I certify that I have decided to relocate to the community and the items and services listed above are necessary for me to establish a residence in the community. I agree to let the TAS agency I have selected make these purchases for me.

\_\_\_\_\_  
Client/Client Representative Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Case Manager Signature\_\_\_\_\_  
Date

**Community Living Assistance and Support Services  
Transition Assistance Services  
Provider Authorization**

Applicant/Client Name	Medicaid No.
Current Nursing Facility Address	Tel. No.
Planned Community Address	Tel. No.

**Provider Authorization**

The provider authorized has been selected by the client to purchase the items and services listed on Form 3621-A. The provider is authorized to make these purchases and bill for the purchases and services as described in the rules and procedures for TAS within the CLASS program.

Provider Name	Provider No.	Date of Authorization
Completion Date	Total Amount Authorized	

\_\_\_\_\_  
Signature – Case Manager\_\_\_\_\_  
Date

Case Manager	Telephone No.
Mailing Address	

**Community Living Assistance and Support Services (CLASS)  
TRANSITION ASSISTANCE SERVICES (TAS)**

**PURPOSE**

This form is used to:

- Record the applicant's basic essential needs for TAS
- Provide estimated amounts for items and services
- Authorize the TAS provider to purchase items and services

**PROCEDURE**

**When to Prepare**

The CLASS case manager completes this form at the time of the initial face-to-face contact with an applicant or the applicant's authorized representative in a nursing facility who is applying for CLASS services to transition from the nursing facility to the community.

**Number of Copies**

Complete the original form and one copy for the TAS provider agency.

**Transmittal**

The original form is filed in the applicant's case folder. A copy is sent to the TAS provider agency.

**Form Retention**

The case manager and the CLASS TAS provider will keep Form 3621-A in the case record according to the retention requirements found in the *Community Living Assistance and Support Services (CLASS) Provider Manual*.

**Supply Source**

This form may be found on the DADS website.

**DETAILED INSTRUCTIONS**

1. ***Applicant Name*** – Enter the name of the applicant.
2. ***Medicaid No.*** – Enter the nine-digit Medicaid number.



3. **Assessment Date** – Enter the date the form is completed during the face-to-face interview.
4. **Current Nursing Facility** – Enter the name and address of the nursing facility where the applicant is currently living.
5. **Telephone Number** – Enter the telephone number where the applicant can currently be reached. If the applicant has no telephone in his room, enter the telephone number of the facility.
6. **Planned Community Address** – Enter the address where the applicant plans to move in the community.
7. **Telephone Number** – Enter the telephone number at the community address if there is telephone service available there.
8. **Proposed Date of Discharge** — Enter the date the applicant plans to move from the nursing facility to the community.

### **Assessment for Transition Assistance Services**

In this section, the case manager will carefully review the applicant's existing plans for moving to the community and assess if the applicant needs assistance with any of the items or services covered under the TAS. Questions must be asked in enough detail that specific information can be recorded if the applicant is in need of the item or service.

**Deposits** – Deposits include security deposits for rental, and utility deposits. In the "Describe" section, list the name and address of the rental facility, utility company, or the telephone company.

Use the following chart as a guideline for estimating the amounts to be authorized. If the applicant knows the exact amount, then use the amount. The estimated amounts will total the full \$2500.00 if all items and services are needed.

Security Deposit	\$200.00
Electricity Deposit	\$100.00
Gas Deposit	\$100.00
Water Deposit	\$100.00
Telephone Deposit	\$100.00
Other	\$100.00

**Total Amounts for Deposits** – Enter the total amount for all entries in this category.

**Furnishing Needs** – Furnishing needs include all basic items to furnish a home.

**Furniture** – is divided into three large groups. Large appliances are also included in this category, if they are needed in the home. The case manager must be as specific as possible when describing what items are needed. The description should include size, color, specific types, or any other identifying information, as specified by the client that will assist the TAS agency in meeting the client's needs.

<b>Furniture</b>	
Bedroom Furniture	\$300.00
Living Room Furniture	\$300.00
Kitchen Furniture	\$300.00
Large Appliances (Stove, Refrigerator, Washer, Dryer)	\$300.00 Each
<b>Housewares</b>	\$170.00 for all items
Pots and pans, silverware, dishes, linens, towels, other	
<b>Small Appliances</b>	\$100.00 for all items
Microwave oven, toaster, coffeemaker, electric can opener, other	
<b>Cleaning Supplies</b>	\$30.00 for all items

**Total Amount for Household Needs** – Enter the total amount of all entries in this category.

**Site Preparation** – This includes moving expenses and delivery expenses. If the client is in need of furniture or large appliances, then a delivery expense may be necessary.

Moving and Delivery Expenses	\$500.00
Pest Eradication	\$100.00
Allergen Control	\$100.00
One-Time Cleaning	\$100.00

**Total Amount for Site Preparation** – Enter the total for all entries in this category.

**Totals** – Enter the totals from each category and add together to arrive at the grand total. This is the amount that will be authorized to the TAS agency.

**Client Statement and Signature** – The client or the client's authorized representative must sign and date the form.

**Case Manager Signature** – The case manager signs and dates the form.

### **Provider Authorization Section – Page 3**

Complete the provider authorization to send to the selected TAS provider.

#### **Client Demographics**

Enter the client identifying information from Page 1.

#### **Provider Authorization**

***Provider Name*** – Enter the contracted name of the provider.

***Provider Number*** – Enter the provider number of the provider.

***Date of Authorization*** – Enter the date the form is completed and mailed to the TAS provider.

***Completion Date*** – Enter the date two days prior to the date of the client's planned discharge date from the nursing facility to the community. This is the date by which the TAS agency should have all items and services listed on Page 1 and 2 delivered or completed.

***Total Amount Authorized*** – Enter the "Grand Total" amount from Page 2.

***Signature and Date*** – The case manager must sign and date Form 3621-A as the authorization to the TAS agency to provide services. The signature date should match the date the case manager completes and mails the Form 3621-A to the TAS agency.

***Case Manager Demographics*** – Enter the case manager name, telephone number, and mailing address.

### Consolidated Waiver Program TRANSITION ASSISTANCE SERVICES

1. Applicant/Participant Name	2. Medicaid No.	3. Assessment Date
4. Current Nursing Facility Address		5. Telephone No.
6. Planned Community Address		7. Proposed Date of Discharge

#### Assessment for Transition Assistance Services

Transition assistance services (TAS) assist Medicaid recipients who are nursing facility residents discharged from the facility to set up a household. TAS are only available to nursing facility residents who are discharged from the facility into a waiver program. The maximum TAS is a one-time benefit of \$2,500.00 for essential services to relocate to the community.

Does the Applicant have arrangements for a home or apartment upon discharge from the nursing facility? \_\_\_\_\_ If yes, does the applicant need any of the following services?

#### Deposits

Type of Deposit	Describe:	Authorized Amount
Security Deposit		
Electricity		
Gas		
Water		
Telephone		
Other		
<b>Total Amount for Deposits</b>		

#### Household Needs

Items	Describe:	Authorized Amount
Furniture/Appliances		
Housewares		
Small Appliances		
Cleaning Supplies		
Other		
<b>Total Amount for Household Needs</b>		

**Site Preparation**

Service	Describe Need:	Authorized Amount
Moving Expense		
Pest Eradication		
Allergen Control		
One-time Cleaning		
Other		
	<b>Total Amount for Site Preparation</b>	

**Totals**

<b>Total Amount for Deposits</b>	\$
<b>Total Amount for Household Needs</b>	\$
<b>Total Amount for Site Preparation</b>	\$
<b>Grand Total</b>	\$

**Client Statement and Signature**

I certify that I have decided to relocate to the community and the items and services listed above are necessary for me to establish a residence in the community. I agree to let the TAS agency I have selected make these purchases for me.

---

Client/ Client Representative Signature

---

Date

---

Case Manager Signature

---

Date

**Consolidated Waiver Program  
Transition Assistance Services  
Provider Authorization**

Applicant/Client Name	Medicaid No.
Current Nursing Facility Address	Tel. No.
Planned Community Address	Tel. No.

**Provider Authorization**

The provider authorized has been selected by the client to purchase the items and services listed on Form 2246. The provider is authorized to make these purchases and bill for the purchases and services as described in the rules and procedures for TAS within the CWP program.

Provider Name	Provider No.	Date of Authorization
Completion Date	Total Amount Authorized	

\_\_\_\_\_  
Signature – Case Manager\_\_\_\_\_  
Date

Case Manager	Telephone No.
Mailing Address	

**Consolidated Waiver Program (CWP)  
TRANSITION ASSISTANCE SERVICES (TAS)**

**PURPOSE**

This form is used to:

- Record the applicant's basic essential needs for TAS
- Provide estimated amounts for items and services
- Authorize the TAS provider to purchase items and services

**PROCEDURE**

**When to Prepare**

The CWP case manager completes this form at the time of the initial face-to-face contact with an applicant or the applicant's authorized representative in a nursing facility who is applying for CWP services to transition from the nursing facility to the community.

**Number of Copies**

Complete the original form and one copy for the TAS provider agency.

**Transmittal**

The original form is filed in the applicant's case folder. A copy is sent to the TAS provider agency.

**Form Retention**

The case manager and the CWP TAS provider will keep Form 2246 in the case record according to the retention requirements found in the *Case Manager Consolidated Waiver Program (CM CWP) Handbook* and the *Consolidated Waiver Program (CWP) Provider Manual*.

**Supply Source**

This form may be found on the DADS website.

**DETAILED INSTRUCTIONS**

1. ***Applicant Name*** – Enter the name of the applicant.
2. ***Medicaid No.*** – Enter the nine-digit Medicaid number.

3. **Assessment Date** – Enter the date the form is completed during the face-to-face interview.
4. **Current Nursing Facility** – Enter the name and address of the nursing facility where the applicant is currently living.
5. **Telephone Number** – Enter the telephone number where the applicant can currently be reached. If the applicant has no telephone in his room, enter the telephone number of the facility.
6. **Planned Community Address** – Enter the address where the applicant plans to move in the community.
7. **Telephone Number** – Enter the telephone number at the community address if there is telephone service available there.
8. **Proposed Date of Discharge** – Enter the date the applicant plans to move from the nursing facility to the community.

### **Assessment for Transition Assistance Services**

In this section, the case manager will carefully review the applicant's existing plans for moving to the community and assess if the applicant needs assistance with any of the items or services covered under the TAS. Questions must be asked in enough detail that specific information can be recorded if the applicant is in need of the item or service.

**Deposits** --Deposits include security deposits for rental, and utility deposits. In the "Describe" section, list the name and address of the rental facility, utility company, or the telephone company.

Use the following chart as a guideline for estimating the amounts to be authorized. If the applicant knows the exact amount, then use the amount. The estimated amounts will total the full \$2500.00 if all items and services are needed.

Security Deposit	\$200.00
Electricity Deposit	\$100.00
Gas Deposit	\$100.00
Water Deposit	\$100.00
Telephone Deposit	\$100.00
Other	\$100.00

**Total Amounts for Deposits** – Enter the total amount for all entries in this category.

**Furnishing Needs** – Furnishing needs include all basic items to furnish a home.



**Furniture** – is divided into three large groups. Large appliances are also included in this category, if they are needed in the home. The case manager must be as specific as possible when describing what items are needed. The description should include size, color, specific types, or any other identifying information, as specified by the client that will assist the TAS agency in meeting the client's needs.

<b>Furniture</b>	
Bedroom Furniture	\$300.00
Living Room Furniture	\$300.00
Kitchen Furniture	\$300.00
Large Appliances (Stove, Refrigerator, Washer, Dryer)	\$300.00 Each
<b>Housewares</b>	\$170.00 for all items
Pots and pans, silverware, dishes, linens, towels, other	
<b>Small Appliances</b>	\$100.00 for all items
Microwave oven, toaster, coffeemaker, electric can opener, other	
<b>Cleaning Supplies</b>	\$30.00 for all items

**Total Amount for Household Needs** – Enter the total amount of all entries in this category.

**Site Preparation** – This includes moving expenses and delivery expenses. If the client is in need of furniture or large appliances, then a delivery expense may be necessary.

Moving and Delivery Expenses	\$500.00
Pest Eradication	\$100.00
Allergen Control	\$100.00
One-Time Cleaning	\$100.00

**Total Amount for Site Preparation** – Enter the total for all entries in this category.

**Totals** – Enter the totals from each category and add together to arrive at the grand total. This is the amount that will be authorized to the TAS agency.

**Client Statement and Signature** – The client or the client's authorized representative must sign and date the form.

**Case Manager Signature** – The case manager signs and dates the form.

### **Provider Authorization Section – Page 3**

Complete the provider authorization to send to the selected TAS provider.

#### **Client Demographics**

Enter the client identifying information from Page 1.

#### **Provider Authorization**

***Provider Name*** – Enter the contracted name of the provider.

***Provider Number*** – Enter the provider number of the provider.

***Date of Authorization*** – Enter the date the form is completed and mailed to the TAS provider.

***Completion Date*** – Enter the date two days prior to the date of the client's planned discharge date from the nursing facility. This is the date by which the TAS agency should have all items and services listed on Page 1 and 2 delivered or completed.

***Total Amount Authorized*** – Enter the "Grand Total" amount from Page 2.

***Signature and Date*** – The case manager must sign and date Form 2246 as the authorization to the TAS agency to provide services. The signature date should match the date the case manager completes and mails the Form 2246 to the TAS agency.

***Case Manager Demographics*** – Enter the case manager name, telephone number, and mailing address.

**Deaf-Blind Multiple Disabilities (DB-MD) Program  
TRANSITION ASSISTANCE SERVICES**

1. Applicant/Client Name	2. Medicaid No.	3. Assessment Date
4. Current Nursing Facility Address		5. Telephone No.
6. Planned Community Address		7. Proposed Date of Discharge

**Assessment for Transition Assistance Services**

Transition assistance services (TAS) assist Medicaid recipients who are nursing facility residents discharged from the facility to set up a household. TAS are only available to nursing facility residents who are discharged from the facility into a waiver program. The maximum TAS is a one-time benefit of \$2,500.00 for essential services to relocate to the community.

Does the Applicant have arrangements for a home or apartment upon discharge from the nursing facility? \_\_\_\_\_ If yes, does the applicant need any of the following services?

**Deposits**

Type of Deposit	Describe:	Maximum Authorized Amount
Security Deposit		
Electricity		
Gas		
Water		
Telephone		
Other		
	<b>Total Amount for Deposits</b>	

**Household Needs**

Items	Describe:	Maximum Authorized Amount
Furniture/Appliances		
Housewares		
Small Appliances		
Cleaning Supplies		
Other		
	<b>Total Amount for Household Needs</b>	

**Site Preparation**

Service	Describe Need:	Maximum Authorized Amount
Moving Expense		
Pest Eradication		
Allergen Control		
One-time Cleaning		
Other		
<b>Total Amount for Site Preparation</b>		

**Totals**

<b>Total Amount for Deposits</b>	\$
<b>Total Amount for Household Needs</b>	\$
<b>Total Amount for Site Preparation</b>	\$
<b>Grand Total</b>	\$

**Client Statement and Signature**

I certify that I have decided to relocate to the community and the items and services listed above are necessary for me to establish a residence in the community. I agree to let the TAS agency I have selected make these purchases for me.

\_\_\_\_\_  
Client/Client Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

<b>DHS USE ONLY</b>	<b>DB-MD Program Consultant Approval</b>	
	_____ Signature	_____ Date

**Deaf-Blind Multiple Disabilities (DB-MD) Program  
Transition Assistance Services  
Provider Authorization**

Applicant/Client Name	Medicaid No.
Current Nursing Facility Address	Tel. No.
Planned Community Address	Tel. No.

**Provider Authorization**

The provider authorized has been selected by the client to purchase the items and services listed on Form 6509. The provider is authorized to make these purchases and bill for the purchases and services as described in the rules and procedures for TAS within the DB-MD program.

Provider Name	Provider No.	Date of Authorization
Completion Date	Total Amount Authorized	

\_\_\_\_\_  
Signature – Case Manager\_\_\_\_\_  
Date

Case Manager	Telephone No.
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**Deaf Blind Multiple Disabilities (DB-MD)  
TRANSITION ASSISTANCE SERVICES (TAS)**

**PURPOSE**

This form is used to:

- Record the applicant's basic essential needs for TAS
- Provide estimated amounts for items and services
- Authorize the TAS provider to purchase items and services

**PROCEDURE**

**When to Prepare**

The DB-MD case manager completes this form at the time of the initial face-to-face contact with an applicant or the applicant's authorized representative in a nursing facility who is applying for DB-MD services to transition from the nursing facility to the community.

**Number of Copies**

Complete the original form and one copy for the TAS provider agency.

**Transmittal**

The original form is sent to the DB-MD Program Consultant. A copy is filed in the applicant's case folder. Another copy is sent to the TAS provider agency.

**Form Retention**

The Program Consultant, case manager, and the DB-MD TAS provider will keep Form 6509 in the case record according to the retention requirements found in Deaf-Blind Multiple Disabilities Medicaid Waiver Handbook.

**Supply Source**

This form may be found on the DADS website.

**DETAILED INSTRUCTIONS**

1. ***Applicant Name*** – Enter the name of the applicant.
2. ***Medicaid No.*** – Enter the nine -digit Medicaid number.

3. **Assessment Date** – Enter the date the form is completed during the face-to-face interview.
4. **Current Nursing Facility** – Enter the name and address of the nursing facility where the applicant is currently living.
5. **Telephone Number** – Enter the telephone number where the applicant or his representative can currently be reached. If the applicant has no representative, enter the telephone number of the facility.
6. **Planned Community Address** – Enter the address where the applicant plans to move in the community.
7. **Proposed Date of Discharge** – Enter the date the applicant plans to move from the nursing facility to the community.

### **Assessment for Transition Assistance Services**

In this section, the case manager will carefully review the applicant's existing plans for moving to the community and assess if the applicant needs assistance with any of the items or services covered under the TAS. Questions must be asked in enough detail that specific information can be recorded if the applicant is in need of the item or service.

**Deposits** – Deposits include security deposits for rental, and utility deposits. In the "Describe" section, list the name and address of the rental facility, utility company, or the telephone company.

Use the following chart as a guideline for estimating the amounts to be authorized. If the applicant knows the exact amount, then use the amount. The estimated amounts will total the full \$2500.00 if all items and services are needed.

Security Deposit	\$200.00
Electricity Deposit	\$100.00
Gas Deposit	\$100.00
Water Deposit	\$100.00
Telephone Deposit	\$100.00
Other	\$100.00

**Total Amounts for Deposits** – Enter the total amount for all entries in this category.

**Household Needs** – Household needs include all basic items to furnish a home.

**Furniture** – is divided into three large groups. Large appliances are also included in this category, if they are needed in the home. The case manager must be as specific as possible when describing what items are needed. The description should

include size, color, specific types, or any other identifying information, as specified by the client that will assist the TAS agency in meeting the client's needs.

<b>Furniture</b>	
Bedroom Furniture	\$300.00
Living Room Furniture	\$300.00
Kitchen Furniture	\$300.00
Large Appliances (Stove, Refrigerator, Washer, Dryer)	\$300.00 Each
<b>Housewares</b>	\$170.00 for all items
Pots and pans, silverware, dishes, linens, towels, other	
<b>Small Appliances</b>	\$100.00 for all items
Microwave oven, toaster, coffeemaker, electric can opener, other	
<b>Cleaning Supplies</b>	\$30.00 for all items

**Total Amount for Household Needs** – Enter the total amount of all entries in this category.

**Site Preparation** – This includes moving expenses and delivery expenses. If the client is in need of furniture or large appliances, then a delivery expense may be necessary.

Moving and Delivery Expenses	\$500.00
Pest Eradication	\$100.00
Allergen Control	\$100.00
One-Time Cleaning	\$100.00

**Total Amount for Site Preparation** – Enter the total for all entries in this category.

**Totals** – Enter the totals from each category and add together to arrive at the grand total. This is the amount that will be authorized to the TAS agency.

**Client Statement and Signature** – The client or the client's authorized representative must sign and date the form.

**Case Manager Signature** – The case manager signs and dates the form.

**DB-MD Program Consultant Approval Signature** – The DB-MD Program consultant must approve this authorization prior to the case manager referring to the TAS provider.



### **Provider Authorization Section – Page 3**

Complete the provider authorization to send to the selected TAS provider.

#### **Client Demographics**

Enter the client identifying information from Page 1.

#### **Provider Authorization**

***Provider Name*** – Enter the contracted name of the provider.

***Provider Number*** – Enter the provider number of the provider.

***Date of Authorization*** – Enter the date the form is completed and mailed to the TAS provider.

***Completion Date*** – Enter the date two days prior to the client's planned discharge date from the nursing facility to the community. This is the same date as the proposed date of discharge on Page 1. This is the date by which the TAS agency should have all items and services listed on Page 1 and 2 delivered or completed.

***Total Amount Authorized*** – Enter the "Grand Total" amount from Form 6509 Page 2.

***Signature and Date*** – The case manager must sign and date Form 6509 page 3 as the authorization to the TAS agency to provide services. The signature date should match the date the case manager completes and mails the Form 6509 to the TAS agency.

***Case Manager Demographics*** – Enter the case manager name, and telephone number.

**Medically Dependent Children Program  
TRANSITION ASSISTANCE SERVICES**

1. Applicant/Participant Name	2. Medicaid No.	3. Assessment Date
4. Current Nursing Facility Address		5. Telephone No.
6. Planned Community Address		7. Proposed Date of Discharge

**Assessment for Transition Assistance Services**

Transition assistance services (TAS) assist Medicaid recipients who are nursing facility residents discharged from the facility to set up a household. TAS are only available to nursing facility residents who are discharged from the facility into a waiver program. The maximum TAS is a one-time benefit of \$2,500.00 for essential services to relocate to the community.

Does the Applicant have arrangements for a home or apartment upon discharge from the nursing facility? \_\_\_\_\_ If yes, does the applicant need any of the following services?

**Deposits**

Type of Deposit	Describe:	Authorized Amount
Security Deposit		
Electricity		
Gas		
Water		
Telephone		
Other		
	<b>Total Amount for Deposits</b>	

**Household Needs**

Items	Describe:	Authorized Amount
Furniture/Appliances		
Housewares		
Small Appliances		
Cleaning Supplies		
Other		
	<b>Total Amount for Household Needs</b>	

**Site Preparation**

Service	Describe Need:	Authorized Amount
Moving Expense		
Pest Eradication		
Allergen Control		
One-time Cleaning		
Other		
	<b>Total Amount for Site Preparation</b>	

**Totals**

<b>Total Amount for Deposits</b>	\$
<b>Total Amount for Household Needs</b>	\$
<b>Total Amount for Site Preparation</b>	\$
<b>Grand Total</b>	\$

**Client Statement and Signature**

I certify that I have decided to relocate to the community and the items and services listed above are necessary for me to establish a residence in the community. I agree to let the TAS agency I have selected make these purchases for me.

\_\_\_\_\_  
Client/ Client Representative Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Case Manager Signature\_\_\_\_\_  
Date

**Medically Dependent Children Program  
Transition Assistance Services  
Provider Authorization**

Applicant/Client Name	Medicaid No.
Current Nursing Facility Address	Tel. No.
Planned Community Address	Tel. No.

**Provider Authorization**

The provider authorized has been selected by the client to purchase the items and services listed on Form 3671-G. The provider is authorized to make these purchases and bill for the purchases and services as described in the rules and procedures for TAS within the MDCP program.

Provider Name	Provider No.	Date of Authorization
Completion Date	Total Amount Authorized	

\_\_\_\_\_  
Signature – Case Manager\_\_\_\_\_  
Date

Case Manager	Telephone No.
Mailing Address	

## Medically Dependent Children Program (MDCP) TRANSITION ASSISTANCE SERVICES (TAS)

### PURPOSE

This form is used to:

- Record the applicant's basic essential needs for TAS
- Provide estimated amounts for items and services
- Authorize the TAS provider to purchase items and services

### PROCEDURE

#### When to Prepare

The MDCP case manager completes this form at the time of the initial face-to-face contact with an applicant or the applicant's authorized representative in a nursing facility who is applying for MDCP services to transition from the nursing facility to the community.

#### Number of Copies

Complete the original form and make one copy for the TAS provider agency.

#### Transmittal

The original form is filed in the applicant's case folder. A copy is sent to the TAS provider agency.

#### Form Retention

The case manager and the MDCP TAS provider will keep Form 3671-G in the case record according to the retention requirements found in the *Medically Dependent Children Program (MDCP) Case Manager Handbook* and the *Medically Dependent Children Program rules*.

#### Supply Source

This form may be found on the DADS website.

### DETAILED INSTRUCTIONS

1. **Applicant Name** – Enter the name of the applicant.
2. **Medicaid No.** – Enter the nine-digit Medicaid number.

3. **Assessment Date** – Enter the date the form is completed during the face-to-face interview.
4. **Current Nursing Facility** – Enter the name and address of the nursing facility where the applicant is currently living.
5. **Telephone Number** – Enter the telephone number where the applicant can currently be reached. If the applicant has no telephone in his room, enter the telephone number of the facility.
6. **Planned Community Address** – Enter the address where the applicant plans to move in the community.
7. **Telephone Number** – Enter the telephone number at the community address if there is telephone service available there.
8. **Proposed Date of Discharge** – Enter the date the applicant plans to move from the nursing facility to the community.

### **Assessment for Transition Assistance Services**

In this section, the case manager will carefully review the applicant's existing plans for moving to the community and assess if the applicant needs assistance with any of the items or services covered under the TAS. Questions must be asked in enough detail that specific information can be recorded if the applicant is in need of the item or service.

**Deposits** – Deposits include security deposits for rental, and utility deposits. In the "Describe" section, list the name and address of the rental facility, utility company, or the telephone company.

Use the following chart as a guideline for estimating the amounts to be authorized. If the applicant knows the exact amount, then use the amount. The estimated amounts will total the full \$2500.00 if all items and services are needed.

Security Deposit	\$200.00
Electricity Deposit	\$100.00
Gas Deposit	\$100.00
Water Deposit	\$100.00
Telephone Deposit	\$100.00
Other	\$100.00

**Total Amounts for Deposits** – Enter the total amount for all entries in this category.

**Furnishing Needs** – Furnishing needs include all basic items to furnish a home.

**Furniture** – is divided into three large groups. Large appliances are also included in this category, if they are needed in the home. The case manager must be as specific as possible when describing what items are needed. The description should include size, color, specific types, or any other identifying information, as specified by the client that will assist the TAS agency in meeting the client's needs.

<b>Furniture</b>	
Bedroom Furniture	\$300.00
Living Room Furniture	\$300.00
Kitchen Furniture	\$300.00
Large Appliances (Stove, Refrigerator, Washer, Dryer)	\$300.00 Each
<b>Housewares</b>	\$170.00 for all items
Pots and pans, silverware, dishes, linens, towels, other	
<b>Small Appliances</b>	\$100.00 for all items
Microwave oven, toaster, coffeemaker, electric can opener, other	
<b>Cleaning Supplies</b>	\$30.00 for all items

**Total Amount for Household Needs** – Enter the total amount of all entries in this category.

**Site Preparation** – This includes moving expenses and delivery expenses. If the client is in need of furniture or large appliances, then a delivery expense may be necessary.

Moving and Delivery Expenses	\$500.00
Pest Eradication	\$100.00
Allergen Control	\$100.00
One-Time Cleaning	\$100.00

**Total Amount for Site Preparation** – Enter the total for all entries in this category.

**Totals** – Enter the totals from each category and add together to arrive at the grand total. This is the amount that will be authorized to the TAS agency.

**Client Statement and Signature** – The client or the client's authorized representative must sign and date the form.

**Case Manager Signature** – The case manager signs and dates the form.

### **Provider Authorization Section – Page 3**

Complete the provider authorization to send to the selected TAS provider.

#### **Client Demographics**

Enter the client identifying information from Page 1.

#### **Provider Authorization**

***Provider Name*** – Enter the contracted name of the provider.

***Provider Number*** – Enter the provider number of the provider.

***Date of Authorization*** – Enter the date the form is completed and mailed to the TAS provider.

***Completion Date*** – Enter the date two days prior to the date of the client's planned discharge date from the nursing facility. This is the date by which the TAS agency should have all items and services listed on Page 1 and 2 delivered or completed.

***Total Amount Authorized*** – Enter the "Grand Total" amount from Page 2.

***Signature and Date*** – The case manager must sign and date Form 3671-G as the authorization to the TAS agency to provide services. The signature date should match the date the case manager completes and mails the Form 3671-G to the TAS agency.

***Case Manager Demographics*** – Enter the case manager name, telephone number, and mailing address.